

<b>Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series</b>  MENTAL HEALTH CENTER MANUAL	<b>SUBCHAPTER NUMBER AND TITLE</b> 6 SERVICE CODES AND DESCRIPTIONS	<b>PAGE</b> 6-1
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## 601 Service Codes and Descriptions

Service

Code      Service Description

### **Individual Therapy**

- 90804      Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient (by professional staff member as defined in 130 CMR 429.424)
- 90806      Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient (by professional staff member as defined in 130 CMR 429.424)
- 90816      Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital, or residential care setting, approximately 20 to 30 minutes face-to-face with the patient (by professional staff member as defined in 130 CMR 429.424) (one-unit maximum per session)
- 90818      Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital, or residential care setting, approximately 45 to 50 minutes face-to-face with the patient (by professional staff member as defined in 130 CMR 429.424) (one-unit maximum per session)

### **Couple/Family Therapy**

- 90847      Family psychotherapy (conjoint psychotherapy) (with patient present) (by professional staff member as defined in 130 CMR 429.424) (each 30-minute unit; three units maximum per session) (includes residential care setting)
- 90849      Multiple-family group psychotherapy (with patient present) (by professional staff member as defined in 130 CMR 429.424) (each 30-minute unit; three units maximum per session) (includes residential care setting)

### **Group Therapy**

- 90853      Group psychotherapy (other than of a multiple-family group) (by professional staff member as defined in 130 CMR 429.424) (for one participant for each 30-minute unit; 10 participants maximum per session; three units maximum per session) (includes residential care setting)

### **Case Consultation**

- 90882      Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions (in an office, outpatient facility, or residential care setting) (each 30-minute unit; two units maximum per session) (includes residential care setting)

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601 Service Codes and Descriptions (cont.)

Service

Code      Service Description

**Family Consultation**

90887      Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient (in an office, outpatient facility, or residential care setting) (each 30-minute unit; two units maximum per session)

**Diagnostic Services**

90801      Psychiatric diagnostic interview examination (in an office, outpatient facility, or residential care setting) (each 30-minute unit; two units maximum per session, maximum four hours per member)

**Medication Visit**

90862      Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy (in an office, outpatient facility, or residential care setting) (each 10 minute unit)

**Emergency Service**

H2011      Crisis intervention services, per 15 minutes (in an office, outpatient facility, or residential care setting) (eight units maximum per date of service) (includes residential-care setting)

**Psychological Testing**

96100      Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g., WAIS-R, Rorschach, MMPI) with interpretation and report, per hour

96117      Neuropsychological testing battery (e.g., Halstead-Reitan, Luria, WAIS-R) with interpretation and report, per hour

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601 SERVICE CODES AND DESCRIPTIONS (cont.)

Service  
Code

Service Description

**Medication Visit**

- 90862 Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy (in an office or outpatient facility) (each 10-minute unit)
- X5542 Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy (each 10-minute unit) (nursing home setting)

**Emergency Service**

- X5539 Emergency service (in an office or outpatient facility) (each 30-minute unit; four units maximum per date of service)
- X5538 Emergency service (each 30-minute unit; four units maximum per date of service) (nursing home setting)

**Psychological Testing**

- X9160 Vocational-interest evaluation (normally including, but not limited to, the Strong Campbell Interest Inventory or the Kuder Preference Record)
- X9161 Educational-achievement testing (normally including, but not limited to, the Jastak Wide Range or Peabody Individual Achievement Tests)
- X9162 Intelligence testing only (including either the Wechsler Intelligence Scales or the Stanford-Binet Intelligence Scale, which must be individually administered)
- X9163 Personality evaluation (including at least: two or more of the following types of tests or their age-appropriate equivalents — Rorschach, Thematic Apperception Test (TAT), Tasks of Emotional Development (TED), Minnesota Multiphasic Personality Inventory (MMPI); and one or more types of tests from the following group, normally including, but not limited to, figure drawing, Bender-Gestalt, or word association)
- X9164 Intellectual and personality evaluation (including, but not limited to, the tests listed under Service Codes X9162 and X9163)
- X9165 Assessment of brain damage (normally including, but not limited to, the Wechsler Intelligence Scales and standardized tests of memory such as the Wechsler Memory Scale and the Benton Visual Retention Test)
- X9166 Neuropsychological examination (assessment of brain damage including the Halstead-Reitan or Luria-Nebraska Neuropsychological Battery or other battery of comparable scope or intensity)
- X9197 Unlisted service (including such services as abbreviated or "quick" intelligence tests or a separately administered Rorschach test)

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